POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19	4/9
FORMALITY REVIEW	H-5	766	05.30.01
RESPONSE FORMALITY REVIEW	M.H	625	09-17-01

INDEX OF CLAIMS

✓ .... Rejected
= .... Allowed
− (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Original	Date								Claim Final	Original	Date								Claim Final	Original	Date							
	1										51										101								
	2										52										102								
	3										53										103								
	4										54										104								
	5										55										105								
	6										56										106								
	7										57										107								
	8										58										108								
	9										59										109								
	10										60										110								
	11										61										111								
	12										62										112								
	13										63										113								
	14										64										114								
	15										65										115								
	16										66										116								
	17										67										117								
	18										68										118								
	19										69										119								
	20										70										120								
	21										71										121								
	22										72										122								
	23										73										123								
	24										74										124								
	25										75										125								
	26										76										126								
	27										77										127								
	28										78										128								
	29										79										129								
	30										80										130								
	31										81										131								
	32										82										132								
	33										83										133								
	34										84										134								
	35										85										135								
	36										86										136								
	37										87										137								
	38										88										138								
	39										89										139								
	40										90										140								
	41										91										141								
	42										92										142								
	43										93										143								
	44										94										144								
	45										95										145								
	46										96										146								
	47										97										147								
	48										98										148								
	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY